

at Los Angeles in special session on Saturday, March 2,

(a) to receive and consider the report of the Committee of Five, and to take such action thereon, and to formulate such principles and policies in regard to health insurance, medical services and medical care as the judgment and wisdom of the delegates may determine to be for the best interests of the public and the members of the Association;

(b) to transact such other business of the Association as may be transmitted to the House of Delegates by the Council of the Association.

If possible, the action taken on behalf of the California Medical Association by its own House of Delegates will also be printed in this issue.†

YOSEMITE ANNUAL SESSION

This Year's Annual Session from May 13 to 16.—The attention of members is called to the fact that in about two short months the annual session, to be held May 13 to 16 at Yosemite National Park, will be upon us.

Because of the excellent scientific and other programs which are promised, and of the opportunity to see this wonderland of the national park service in a special setting of cordial, professional fellowship, every member of the California Medical Association who can conveniently arrange his work is urged to attend this year's meetings.

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Interchange of Thought on Medical Problems Important.—The exchange of viewpoints on some of the important economic and other problems which confront organized and scientific medicine is today much to be desired, in fact more than ever before. Keep in mind that the California Medical Association needs you and that you need the California Medical Association. At Yosemite these beneficial contacts can be most happily realized and appreciated. Elsewhere in this issue of CALIFORNIA AND WESTERN MEDICINE (on page 212) is a list of the hotels. Whether you go into the Yosemite Park by train and stage, or by automobile, it is advisable to make hotel reservations in ample time. Such coöperation will aid the hotel management in giving adequate service to all who attend. The complete scientific and other programs will be printed in next month's issue.

PROPOSED PUBLIC HEALTH LEGISLATION

List of Proposed Public Health Laws.—On page 229 of CALIFORNIA AND WESTERN MEDICINE is printed a list of almost two hundred bills having to do, directly or indirectly, with public health laws of California, thirty-five having been submitted by State Senators and about one hundred and fifty by State Assemblymen. Brief comments indicate the nature of the proposed statutes. The perusal of the list is commended to all members of the California Medical Association be-

† Editor's Note.—The March issue of CALIFORNIA AND WESTERN MEDICINE is mailed later than usual in order to print proceedings of the special session of the House of Delegates, held at Los Angeles on March 2 and 3. See page 194 for these reports.

cause, in that way, the profession will better be able to appreciate the heavy labors in store for the Committee on Public Policy and Legislation (of which Dr. Junius B. Harris of Sacramento is chairman) and other officers.

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Proposed Legislation Is of Importance to All Physicians.—Any member who feels that such perusal might prove a waste of time may be reminded that some of the proposed laws have to do with compulsory health insurance, and that in their amended and final form (if they should go on to enactment) they would very considerably change the scientific and economic phases of medical practice. By now every alert member of the medical profession knows that in the national congress and also the legislatures of some forty states which will be in session this year, not one, but many measures are sure to be introduced which, should they become laws, would bring about radical departures from the established form of medical practice. However, at this time it is not our purpose to discuss the important subject of health (sickness) insurance in these columns, lest the editor's personal views be misunderstood and accepted as official statements from the Association or its officers. Until the Committee of Five (appointed through action of the House of Delegates at last year's Riverside annual session) brings in its report, and until the House of Delegates of the California Medical Association acts thereon, these editorial columns will call attention only to reports printed in this or other journals which may aid members of the Association to secure as broad a viewpoint as possible of different phases of the much-complicated health insurance problem.

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The Hoffman Articles.—In this connection, reference may be made to the series of contributed articles from the pen of Frederick L. Hoffman, which began in April, 1934, and now are brought to a close in the current issue.* We understand that some criticism has been made concerning these papers, but to date the editor has received no communications in which specific attention is called to any errors or misstatements by Doctor Hoffman. Had such been received they would have been given publicity in regular manner in the Correspondence column. It may be proper, therefore, to state that the policy of CALIFORNIA AND WESTERN MEDICINE, as laid down by the Council, regarding contributed articles, has been posted for years at the editorial masthead and is expressed in the following language:

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the JOURNAL and the demands on its space may permit. The right to reduce or reject any article is always reserved.

*At the 230th meeting of the Council it was voted to complete the series of Hoffman articles on phases of sickness insurance (Item 11 on page 213).

How Copies of Proposed Laws May Be Obtained.—Every one of the almost two hundred proposed public health laws could be made the subject of special editorial comment, but lack of space prevents. Members desiring copies of particular bills can usually obtain them by addressing the State Printer, the Hon. Harry Hammond, State Printing Office, Sacramento. For the information of members, however, who are all supposed to be interested, reference will be made to a few of the bills offered for enactment.

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Qualifying Certificate Act.—This measure was introduced on January 26 as Assembly Bill 1552, by Assemblyman H. Dewey Anderson of Santa Clara County and James J. Boyle of Los Angeles County. Its general form was approved by the California Medical Association Council, and its provisions are practically the same as those previously outlined in this column. In its course through the committees, suggestions may be made for desirable amendments.

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Clinic Law.—This is Assembly Bill 1009, introduced by Assemblyman Roy J. Nielsen of Sacramento County, and recalls a draft of the law which, when first introduced two years ago, provoked a very severe fight in the legislature. The California State Board of Health was deputized to carry out the Act; but owing to some obscure provisions an opinion was sought from the State Attorney-General. One of his rulings made it impossible for the State Board of Health to do little more than compile a list of existing dispensaries in the State. In the opinion he gave, the Attorney-General ruled that no clinic should be obliged to pay more than \$5 annually; which would result in assessments so low that when totaled they could amount to only about \$600 per year, or a sum quite inadequate to cover the costs of worthwhile clinic inspection work. In the amended draft the annual fee is placed at \$20, making possible the creation of a fund with which some real work may be done in the future.

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Bureau of Tuberculosis.—In the August, 1934, issue of CALIFORNIA AND WESTERN MEDICINE, on page 118, Dr. W. P. Shepard referred to the California Tuberculosis Commission's report of 1915, in which was advocated a Bureau of Tuberculosis, together with a revolving State fund, to compensate counties which maintained satisfactory facilities for the care of the tuberculous sick. During the last twenty years, California's excellent record in tuberculosis work has led other states to adopt somewhat similar laws. In Assembly Bill 1928, introduced by Assemblyman Gene Flint of Los Angeles County, an amendment has been introduced which *deletes* from the law of 1915 the following vital language:

"provided, that the city, county, city and county, or group of counties shall not become entitled to receive such State aid unless the tuberculosis ward or hospital conforms to the regulations of and is approved by the State Bureau of Tuberculosis."

If this proposed amendment should become a law, it would throw the tuberculosis work of the State and counties into considerable disorder, and would lay the foundation for a "racket" whereby the yearly demands upon the State treasury could run into many thousands of dollars more than at any time in the last two decades; with a real deterioration, at the same time, in the service given to the tuberculous sick. It would be interesting to know who were the motivating forces back of this proposed and astonishing change in an already excellent and perfectly satisfactory law!*

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"Noxious Odors" Law.—In Assembly Bill 2154, Assemblyman Harry B. Riley of Long Beach, Los Angeles County, proposes:

"An Act to provide for the establishment and maintenance of a bureau in the State Board of Public Health for the suppression of noxious odors, prescribing its powers and duties, and making an appropriation to carry out the provisions hereof."

It is to be assumed that this measure was introduced as a means of alleviating some of the unwholesome odors from the Signal Hill oil district; but it would place a heavy, and probably an impossible burden, upon the State Board of Health, which with its lessened budget of late has had to do its other and really important work upon little more than a skeleton basis.

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Physicians and Hospital Records.—Assembly Bill 2158, introduced by Assemblyman John G. Clark (an attorney by profession), also having a home address in Long Beach, Los Angeles County, is a short bill, but one so astounding in its provisions that it is here quoted in full. In view of the many court decisions on the inviolability of confidential relationships, not only for the medical but for the legal profession, it is difficult to understand how such a measure as the following could even have been seriously proposed:

"An Act making it unlawful for hospitals, clinics, sanitariums, physicians, surgeons, or other persons to refuse inspection of records by attorneys."

"The people of the State of California do enact as follows:

"Section 1. It shall be unlawful for any hospital, clinic, sanitarium, physician, surgeon, or other person or institution having in his or its possession records concerning the condition of health of any person made while said person was in the care of such person or institution, to fail or refuse to exhibit said records to any duly qualified and practicing attorney at law, desig-

* Editor's Note.—Under the supervision of the Bureau of Tuberculosis, based on standards laid down by the California State Board of Health, the allocation of State funds for tuberculosis work runs into massive figures. Without such standardization and supervision and cross-check on claims of counties for reimbursement, the State's expenditures would be tremendously increased. The following figures should be of interest because they show the appropriations for subsidies, and the allotments made for the support of the Bureau of Tuberculosis, covering the last six years:

Fiscal Years	Allotments for Bureau Support	Appropriations for County Subsidies
Eighty-first and eighty-second (Ending June 30, 1931)	\$47,400.00	\$819,132.52
Eighty-third and eighty-fourth (Ending June 30, 1933)	44,040.00	1,043,155.52
Eighty-fifth and eighty-sixth (Ending June 30, 1935)	18,040.00	975,000.00

nated by said person in writing, and to allow copies of said records to be made, provided said inspection shall be made during reasonable business hours, and provided further that at the time of said inspection there shall be either pending or contemplated, litigation in which said records will, in the opinion of said attorney, be helpful to the cause of his client.

"Sec. 2. Violation of this section shall constitute a misdemeanor."

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Nursing Survey.—Senate Bill 417, introduced by Senator Thomas McCormack of Solano County, is "*An Act authorizing a nursing survey to be made by the University of California, defining the powers and duties of the State Director of Finance in relation thereto, and making an appropriation therefor.*"

The measure would authorize the expenditure of not more than \$15,000 from the moneys that have been accumulating through license fees in the Nurses Registration Fund

"... to defray the expenses of making a survey of nursing conditions in the State of California, including the preparation and calculation of all data and facts concerning the education, training and employment of nurses, and the administration of the teaching of students preparing for nursing and public health service."

If the various nursing organizations in the State are willing that such a survey be made, it would seem that no objection should be raised.

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The Heavy Responsibility of the Council and the Committee on Public Policy and Legislation.—From what has been here written concerning a few of the many public health measures (on every one of which the Council of the California Medical Association must go on record as being either in favor of, against, or simply neutral) it becomes evident that much work will yet come before the profession up to the time the present (fifty-first) California Legislature adjourns (probably some time in May).

Meanwhile the interests of organized and scientific medicine will be under the constant supervision of the California Medical Association Committee on Public Policy and Legislation, the names of whose members may be found in the directory on page 2 of each issue of this official journal. If that committee, therefore, should call on members of the Association for aid, it is to be hoped that they will whole-heartedly give of their generous support, such as the committee's labors and important responsibilities at all times warrant.

SERA AND MEDICAL RELIEF

Los Angeles County Medical Association Announces a Working Plan with the SERA.—On page 227 of this issue of CALIFORNIA AND WESTERN MEDICINE is reprinted the announcement, recently sent to its members by the Los Angeles County Medical Association, concerning the arrangements which have been made with the officials of the State Emergency Relief Administration (SERA) to cover the medical care of the unemployed.

It is most gratifying to learn that in a large metropolitan center of California it was finally possible to come to some kind of working agree-

ment with the federal and state authorities who had in hand the relief of the unemployed. In one or two of the California counties having lesser populations, arrangements to compensate physicians for medical relief work rendered to the unemployed have been in operation for some months. In Los Angeles County, on several occasions in the past, the Los Angeles County Medical Association was prepared to put into operation plans that had been submitted, and that would have been satisfactory, but each time precipitate and unforeseen changes in the ever-shifting lay personnel of the federal and state emergency relief administrations brought the conferences and agreements to naught.

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Medical Relief Is a Basic Need.—In some states of the Union more or less satisfactory county arrangements have been in operation for a year or more. No legitimate reason can be brought forward against adding, to the other basic needs of food, clothing and shelter, that of medical relief to safeguard the health and lives of unemployed citizens. Nor can any sound argument be advanced or reasons be given why members of the medical profession should not be paid moderate fees for services so rendered, just as are their lay fellow citizens from whom the federal, state, and local governments purchase shelter, food and clothing for such unemployed persons.

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Other Component County Societies Should Do Likewise.—It is hoped that this coöperative effort on the part of a component county society of the California Medical Association, to offer its services and to act as the intermediate medical agent through which the services of all licensed physicians and surgeons who wish to participate in the relief work may be placed at the disposal of the local relief administration, will lead other county units to also work for similar agreements. As the plan stands, it is not limited to members of the county society, but is open to all licensed physicians and surgeons of reputable character.

The officers of the Los Angeles County Medical Association are to be congratulated on having brought to reality this agreement by means of which governmental and local agencies work hand in hand in medical relief for the unemployed. One additional thought: If the Los Angeles County Medical Association was able to successfully negotiate the difficulties involved in bringing its working agreement to a happy consummation, why should not all other component county medical societies in California initiate steps to bring about the adoption of similar agreements for their respective members?

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Plan Keeps Medical Matters Under Control of the Medical Profession.—One of the strong advantages of the Los Angeles plan is that it places the medical supervision and detailed professional work entirely in the hands of physicians, the governmental agencies looking to the county medical society to safeguard in proper manner the